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To: All Providers

RE: Preferred Drug List Update

Effective January 2, 2007, the Alabama Medicaid Agency will require prior authorization (PA) for payment of generic carisoprodol and carisoprodol combination products. Preferred generic versions of Skeletal Muscle Relaxers will continue to be available with no PA required.

Also, effective January 2, 2007, the Alabama Medicaid Agency will update our Preferred Drug List (PDL) to reflect recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates:

January 2, 2007 PDL Additions	January 2, 2007 PDL Deletions*
Combivent-Respiratory Beta Adrenergic Agonists	Granulex Spray-Miscellaneous Skin and Mucous Membrane Agents [†]
Foradil-Respiratory Beta Adrenergic Agonists	Tilade-Respiratory-Inhaled Mast-cell Stabilizers
Maxair Autohaler-Respiratory Beta Adrenergic Agonists	Xenaderm- Miscellaneous Skin and Mucous Membrane Agents [†]
ProAir HFA-Respiratory Beta Adrenergic Agonists	
Omnicef-Anti-infective Agents-Cephalosporins	

**denotes that these products will no longer be preferred but are still covered by Alabama Medicaid and will need Prior Authorization (PA)*

[†] denotes PDL update revisions

In addition to the above changes, the Agency will be

1. Adding a new drug class to the PDL: Antiemetics
2. Adding Antiemetics into the Electronic Prior Authorization program
3. Updating criteria for the following classes: Proton Pump Inhibitors, Intranasal Corticosteroids, and Respiratory Agents.
 - Prior therapies must include prescribed and PDL preferred agents.
4. Adding coverage for OTC dimenhydrinate

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency website at www.medicaid.alabama.gov and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Hard copy PA requests may be faxed or mailed to:

**Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

December 8, 2006 / Revised December 18, 2006